South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

November 3, 2008

CHIR
CLTC
DEN
HOSP
LAB
MCO
MEDCLIN
MHRC
NF
OMPS
PHARM
PHYS
POD
TRANS
VIS

MEDICAID BULLETIN

TO: **Medicaid Providers**

SUBJECT: **Non-Emergency Ambulance Transportation for Individuals Covered by Medicare and Medicaid Residing in Skilled Nursing Facilities**

The Department of Health and Human Services (DHHS) is providing additional guidance concerning billable costs for non-emergency transportation. When a patient or member has Medicare and Medicaid (dual eligible), Medicare is the primary payer and must be billed first.

Medicare rates for Skilled Nursing Facilities (SNF) may include costs for transporting residents of the facility. If transportation is not specifically excluded from the SNF Rate, the cost of transportation is the responsibility of the facility if the transportation is medically necessary. If transportation is excluded from the SNF Rate and the beneficiary meets the medical necessity criteria, the transportation provider must bill Medicare. Please refer to the chart accompanying this bulletin for further details and summary of the Medicare/Medicaid ambulance transportation benefit for dual eligible beneficiaries.

Questions regarding this bulletin should be directed to your Program Coordinator at (803) 898-4614. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Emma Forkner
Director

EF/hmcl

Enclosure

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp and select "Electronic Funds Transfer (EFT)" for instructions.

Ambulance Transportation for Individuals Covered by Medicare and Medicaid Residing in Skilled Nursing Facilities

Scenario	Bills to	Billing Requirements
Dual Eligible Beneficiary Meets Medicare Medical Necessity Criteria and has a prescription	Medicare	The general rule for Medicare medical necessity specifies that a beneficiary qualifies for ambulance services if the "medical condition is such that other means of transportation is contraindicated." Refer to CMS Medicare Claims Processing manual for a complete description of Medicare billing requirements.
Dual Eligible Beneficiary Meets Medicare Medical Necessity Criteria but does not have a prescription and cannot obtain a prescription within Medicare timeliness guidelines and the Transportation is excluded from the SNF PPS rate as defined in Chapter 15 section 30.2.3 of CMS Publication 100-04.	Medicaid	Bill Medicaid through the Form 216 process. The ambulance provider should submit a CMS-1500 along with supporting documentation (DHEC Run Report and DHHS Form 216) to Medicaid for reimbursement. Documentation must be legible and signed by appropriate staff. The transportation provider must also include all Third Party Liability information on each claim billed under the Form 216 process.
Dual Eligible Beneficiary does not meet Medicare Medical Necessity Criteria	Broker	If the beneficiary ***does not meet*** the Medicare medical necessity criteria for non-emergency transportation, the beneficiary does not meet Medicaid's medical necessity criteria to qualify for non-emergency transportation under the Form 216 process. The Facility ***must*** arrange transportation through the Medicaid Transportation Broker. Facility staff must communicate a beneficiary's medical condition and specific transportation requirements to the Broker. Scheduled transports require three days notification.